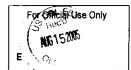
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Gary D Sharette	Name Laborer's Lacol 185
,	Labor Organization File Number 042-746
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2865 Churn Creek SuiteD	Street 1320 W. National Dr.
city Redding	city Redding
State California ZIP Code +4 76002-284	S State California ZIP Code +4 95834-1320
5. Position in labor organization. Business Representative / E Board	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	We will be a second of the sec
Trade Name, if any:	TO THE PARTY OF TH
\$ (2007/14/2/A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A	Transmission of the state of th
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	**************************************
State ZIP Code + 4	TOTAL OF THE STATE OF THE ALL AND A LANG AND A STATE A
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Larry Sharetto	on 8-10-05 530-221-0961
U	Date Telephone Number

Name of Person Filing Gary Sharette	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Mc Morgan Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Bush Street Suite 800  City San Francisco  State California ZIP Code+4 94/04	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Laborer'S Trust fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Money managers for Northern  California District of Laborers	
Street 20 Campus Lane	11.b. Approximate dollar value of such dealing.	
city Fairfield	12 a. Nature of interest held or income received	
State California ZIP Code + 4 94534022	Northern California District Council of Laborer's Seminar Dinner at Edgewood Country Club	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
динительности у у у в в в в в в в в в в в в в в в в		
Name [	. Assument	
Trade Name, if any:	VV TALALAKA	
P.O. Box, Bldg., Room No., if any		
Street		
City	WARRANA	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	